OMB Approved No. 2900-0524 Respondent Burden: 10 Minutes

Department of Veterans Affairs

VA POLICE OFFICER PRE-EMPLOYMENT SCREENING CHECKLIST

PRIVACY ACT STATEMENT: The information provided on VA Form 0120 will be confidential and protected by the Privacy Act of 1994 (5 U.S.C. 522a) and the VA's Confidentiality statue (38 U.S.C. 5701) as implemented by 38 CFR 1.576(b). Assurances of confidentiality are provided in the system of records identified as "Personnel Investigation Records, OPM/Central 9."

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| this collection DO NOT SE | | | | | | | | | | |), 810 | Vermont A | ve., V | Washingto | n, DC 20 | 420. SI | END C | OMME | ENTS O | NLY. |
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| FBI ORI. | | | | | | | | FAC | ILITY LC | CATION | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| PART I - APPLICANT A. LAST NAME, FIRST NAME, MIDDLE INITIAL B. SOCIAL SECURITY NO. | | | | | | | | | | | | | Ta | | | | | | | |
| A. LAST NAI | ME, FIRST | : INITIA | L | | | | | B. SOCIAL SECURITY NO. | | | | | C. DATE | : OF BII | RIH | D. SEX | | | | |
| | PART II - | ARRES | T REC | ORD | CHEC | KS AI | ND CE | RTIFICAT | TION - B | Y CHIE | F OF | POLICE (F | Purp | ose Code | : Crimina | al Justi | ice Em | ploym | ent) | |
| A. CHECK CRIMINAL RECORD REPOSITORY | | | | | | | | | | | B. CHECK OF F.B.I. NATIONAL CRIME INFORMATION CENTER | | | | | | | | | |
| □ NO RECORD STATE CHECKED □ NO RECORD | | | | | | | | | | | | | | | | | | | | |
| RECORD (Attach explanation of charges and disposition) | | | | | | | | | | | | | olana | tion of char | ges and d | lispositio | on) | | | |
| CERTIFIC perform the | | | | | licatio | n and t | he abov | e candidat | e has the | type of e | experie | ence that pro | ovide | d the knov | vledge, sk | ills, and | d abiliti | es to su | ccessfu | lly |
| SIGNATURE OF CHIEF OF POLICE | | | | | | | | | | | | DATE | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | PA | RT III | - TELE | PHONE | CHECK | S (Huma | an Re | sources Ma | lanag | gement) | | | | | | |
| INSTRUCT | TIONS: D | etermine | quality | of wo | k histo | ory for | all emp | loyment w | ithin the | past 5 ye | ars. V | erify all em | nploy | ment used | for qualif | iction r | egardle | ess of ag | ge. | |
| | A | | | | | | | | В | | | | | | С | | | | | |
| 1. NAME OF | EMDI OVI | ED. | | | | | | | | | | | | | | | | | | |
| 1. NAIVIL OI | LIVIFLOTI | _IX | | | | | | | | | | | | | | | | | | |
| 2. NAME AN | ID TITLE C | F CONT | ACT | | | | | | | | | | | | | | | | | |
| 3. DID APPLICANT'S DUTIES INCLUDE PROTECTION OF PERSONS & PROP. | | | | | | | | | | | | | | | | | | | | |
| 4. INCLUSIV EMPLOYN | | OF | | | | | | | | | | | | | | | | | | |
| 5. NUMBER OF HOURS PER WEEK | | | | | | | | | | | | | | | | | | | | |
| 6. WAS APPLICANT'S QUALITY OF WORK SATISFACTORY? | | | | | | | | | | | | | | | | | | | | |
| 7. WAS APPLICANT'S HONESTY AND CHARACTER SATISFACTORY? | | | | | | | | | | | | | | | | | | | | |
| 8. APPLICAN LEAVING | | | | | | | | | | | | | | | | | | | | |
| 9. WOULD YOU REHIRE APPLICANT? SIGNATURE AND TITLE OF INQUIRER | | | | | | | | | | | | | | | DATE | | | | | |
| SIGNATURE | AND IIIL | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | PART IV - BASIS FOR QUALIFICATION AND CERTIFICATION (Human Resources Management) | | | | | | | | | | | | | | | | | | | |
| ACCEP. | TABLE JO | B EXPER | RIENCE | MEETI | NG GS | S-083 N | IINIMUN | / QUALIFIC | CATION I | REQUIRE | MEN | ΓS. | | | | | | | | |
| ACCEP | TABLE SU | BSTITUT | E EDU | CATION | I EVID | ENCE | BY TR | ANSCRIPT | ГСОРҮ. | | | | | | | | | | | |
| | _ YEARS A | CTIVE M | IILITAR | Y SER | /ICE IN | N THE | QUALIF | YING SPE | CIALTY (| OF: | | | | | | | | | | |
| | = | 95B | | 95C | | 950 |) | 31A | _ | _ | _ | _ | _ | _ | | | | | | |
| MARINE CO | | 5803 | 느 | 5805 | ļ | 581 | | 5812 | 느 | 5813 | Ļ | 5814 | Ļ | 5821 | _ | | _ | | _ | |
| | DRCE: | 08111-11 0545 | 4 L | 81110 00001 | • | 811 | 70 | 81172 | 2 L | 81130 | L | 81150 | L | 81112 | <u></u> 81 ′ | 132 [| 811 | 52 | 81 | 199 |
| COAST GL | NAVY: 10945 10000MA COAST GUARD: (No code) Military service in the above checked specialty verified by review of DD Form 214, Certificate of Release or Discharge from Active Duty or other official | | | | | | | | | | | | | | | | | | | |
| document. | | | | - F | | | | | |) | | | | <i>G</i> | | , 30 | | - | | |
| CERTIFIC series. Tele | ATION: | Human F | | | | | | | | | | | urrent | t qualificat | ion standa | ards for | the GS | 5-083 P | olice Of | ficer |
| SIGNATURE | • | | | 544151 | | , 231114 | -2124 41 | accume | | | | | | | DATE | | | | | |
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| FBI ORI. | | | | | | | | | | FACILITY LO | CATION | | | | | | | | |
|---|---|--------|--------|-------|--------|---------|---------|--------|---------|---------------|-------------|--|----------------|---------------------------------|----------------------|---|--|--|--|
| PART I - APPLICANT | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | B. SOCIAL | SECURITY NO | | C. DATE OF BIRTH | D. SEX | | | | |
| PART II - ARREST RECORD CHECKS AND CERTIFICATION - BY CHIEF OF POLICE (Purpose Cod | | | | | | | | | | | | | Purpose Code: | e: Criminal Justice Employment) | | | | | |
| A. CHECK CRIMINAL RECORD REPOSITORY | | | | | | | | | | | | B. CHECK OF | F.B.I. NATIONA | L CRIME INFORMATI | ON CENTER | | | | |
| NO RECORD RECORD (Attach explanation of charges and disposition) STATE CHECKED | | | | | | | | | | | | NO RECORD RECORD (Attach explanation of charges and disposition) | | | | | | | |
| CERTIFICA perform the | | | | | | licatio | n and t | he abo | ve cand | idate has the | type of exp | erience that pro | vided the know | ledge, skills, and abili | ties to successfully | , | | | |
| SIGNATURE | SIGNATURE OF CHIEF OF POLICE | | | | | | | | | | | | | | DATE | | | | |
| PART III - TELEPHONE CHECKS (Human Resources Management) | | | | | | | | | | | | | | | | | | | |
| INSTRUCTIONS: Determine quality of work history for all employment within the past 5 years. Verify all employment used for qualification regardless of age. | | | | | | | | | | | | | | | | | | | |
| | | | | | | A | | | | | | В | | С | | | | | |
| 1. NAME OF | EMPL | OYER | | | | | | | | | | | | | | | | | |
| 2. NAME AND TITLE OF CONTACT | | | | | | | | | | | | | | | | | | | |
| 3. DID APPLICANT'S DUTIES INCLUDE PROTECTION OF PERSONS & PROP. | | | | | | | | | | | | | | | | | | | |
| 4. INCLUSIVE DATES OF EMPLOYMENT | | | | | | | | | | | | | | | | | | | |
| 5. NUMBER OF HOURS PER WEEK | | | | | | | | | | | | | | | | | | | |
| 6. WAS APPLICANT'S QUALITY OF WORK SATISFACTORY? | | | | | | | | | | | | | | | | | | | |
| 7. WAS APPI CHARACT | Y AND Y? | | | | | | | | | | | | | | | | | | |
| 8. APPLICAN LEAVING | | | | | | | | | | | | | | | | | | | |
| 9. WOULD Y | | | | | | | | | | | | | | | | | | | |
| SIGNATURE | AND T | TTLE C |)F INQ | UIRER | | | | | | | | | | DATE | | | | | |
| | | | | PART | IV - B | ASIS | FOR (| QUALI | IFICAT | ION AND C | ERTIFICA | TION (Humai | n Resources M | l lanagement) | | | | | |
| | | | | | | | | | | | | • | | ianagement) | | | | | |
| ACCEPTABLE JOB EXPERIENCE MEETING GS-083 MINIMUM QUALIFICATION REQUIREMENTS. ACCEPTABLE SUBSTITUTE EDUCATION EVIDENCED BY TRANSCRIPT COPY. YEARS ACTIVE MILITARY SERVICE IN THE QUALIFYING SPECIALTY OF: ARMY: 95B 95C 95C 31A | | | | | | | | | | | | | | | | | | | |
| MARINE CORPS: 5803 5805 5811 5812 5813 5814 5821 AIR FORCE: 08111-114 81110 81170 81172 81130 81150 81112 81132 81152 81199 NAVY: 0545 0000MA COAST GUARD: (No code) | | | | | | | | | | | | 9 | | | | | | | |
| Military service in the above checked specialty verified by review of DD Form 214, Certificate of Release or Discharge from Active Duty or other official document. (if other specify: | | | | | | | | | | | | | | | | | | | |
| CERTIFIC | CERTIFICATION : Human Resources Management Service certifies that the applicant is suitable and meets current qualification standards for the GS-083 Police Officer series. Telephone interviews have been satisfactorily completed and documented in Part III of this form. | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | DATE | | | | | | | |
| | SINATURE AIND TITLE OF VERIFIER | | | | | | | | | | | | | | | | | | |